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21559 7590 07/29/2005

CLARK & ELBING LLP
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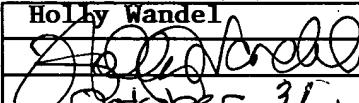
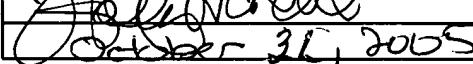
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Holly Wandel	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/556,246	04/24/2000	Gregory D. Jay	50047/032002	7464

TITLE OF INVENTION: TRIBONECTINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	10/31/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MITRA, RITA	1653	514-044000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Clark & Elbing LLP

2 Paul T. Clark
Reg. No. 30,162

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rhode Island Hospital, A LifeSpan Partner

Providence, Rhode Island

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Paul T. Clark

Typed or printed name

Date Oct 31, 2005
30,162

Registration No.

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